Case 19-14322-elf Doc 54

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Page 1 of 2

02/07/2022 08:03:31am

Fill in this inform							
Debtor 1	Robert First Name	M. Middle Name	Young Last Name	_			
Debtor 2 (Spouse, if filing)	Frances First Name	Middle Name	Young Last Name	— Che	ck if this is: An amended filing		
United States Bankruptcy Court for the:		EASTERN DIST. OF PENNSYLVANIA			A supplement showing postpetition chapter 13 income as of the following date: MM / DD / YYYY		
Case number (if known)	19-14322						
Official Form 106I							

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Р	art 1:	Describe Emplo	oyment							
Fill in your employment information.				Debt	or 1			Debtor 2 or no	on-filing spou	se
If you have more than one job, attach a separate page with information about additional employers.		ch a separate page	Employment status	✓ EmployedNot employed			✓ Employed☐ Not employed			
						Correction Officier			insurance sales	
	Include part-time, seasonal, or self-employed work.		Employer's name	City of Philadelphia			Columbian Financial Group			
	Occupation may include student or homemaker, if it		Employer's address	1401 John F Kennedy BL Number Street				Number Street		
applies.		,		MSB Room 1380				— —		
								_		
				Phila	adelphia	PA	19102			
				City		State	Zip Code	City	State	Zip Code
How long employed there? 23 years					_	<u>1 yr</u>		_		
В	Part 2: Give Details About Monthly Income									

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				or Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.		\$0.00	\$1,408.33	
3.	Estimate and list monthly overtime pay.	3. -	+	\$0.00	\$0.00	
4.	Calculate gross income. Add line 2 + line 3.	4.		\$0.00	\$1,408.33	

Debtor 1 Robert M. Young Debtor 2 Frances Young Case number (if known) 19-14322 For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here \$0.00 \$1,408.33 5. List all payroll deductions: \$0.00 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 5b. Mandatory contributions for retirement plans 5b \$0.00 \$0.00 \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e 5e. Insurance \$0.00 \$0.00 5f. 5f. Domestic support obligations \$0.00 \$0.00 5g. Union dues 5g. 5h. Other deductions. \$0.00 \$0.00 5h.+ Specify: Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 6 6. \$0.00 \$0.00 5a + 5hCalculate total monthly take-home pay. 7. Subtract line 6 from line 4. \$0.00 \$1,408.33 List all other income regularly received: 8a. Net income from rental property and from operating a \$0.00 \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a 8c. \$0.00 \$0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: \$0.00 \$0.00 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. 8h.+ Specify: worker's compensation \$2,772.00 \$0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. \$2,772.00 \$0.00 10. Calculate monthly income. Add line 7 + line 9. \$2,772.00 \$1,408.33 \$4,180.33 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12. \$4,180.33 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income 13. Do you expect an increase or decrease within the year after you file this form? None. Yes. Explain: